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ABSTRACT

These three papers discuss the role of Florida's community colleges in developing training programs for mental health service employees in the state. Following introductory material, Robert Ashburn presents an overview of the Unit Treatment Rehabilitation (UTR) training program, which was designed to improve the quality of mental health care in Florida. He provides a review of the legislation authorizing the UTR program, outlines its purpose, and discusses its seven components (i.e., UTR community college training, medication administration training, crisis intervention and control, orientation to UTR employment, orientation to psychosocial treatment and UTR's multidisciplinary team approach, remedial education, and supervisory training). Attached is information on the participants, training provided, and budget available at four mental health facilities involved in the project. Next, Roy Church discusses the involvement of four community colleges in the development and delivery of a 180-hour, competency-based treatment skills program offered in conjunction with four state mental hospitals. Finally, Arthur Slater explains the logic and design of the UTR curriculum. He cites evidence of the need for the program; identifies requisite job skills for mental health paraprofessionals; analyzes the curriculum content, structure, and evaluation; and lists instructional materials to be developed. The document concludes with an overview of the current status of UTR training and plans for the coming year. (HB)

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FLORIDA COMMUNITY COLLEGES
COMMITTED TO
FLORIDA MENTAL HEALTH HOSPITALS

Dr. Robert Ashburn
Dr. Roy Church
Dr. Marm Harris
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Presented At The
AACJC Convention
April 21, 1981
Washington, D. C.

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INTRODUCTION

A congressional conference report on the Health Systems Act published September 23, 1980, concludes: "(1) despite the significant progress that has been made in making community health services available and in improving residential mental health facilities since the original community mental health centers legislation was enacted in 1963, unserved and underserved populations still remain such as chronically mentally ill individuals...' (2) the process of transferring or diverting chronically mentally ill individuals from unwarranted or inappropriate institutionalized settings to their home communities has frequently not been accompanied by a process of providing those individuals with the mental health support services they need in community-based settings; (3) the shift in emphasis from institutional care to community-based care has not always been accompanied by a process of affording training (and) retraining...for employees..." The report suggests provisions to "improve the skills of personnel providing services to chronically mentally ill individuals by providing in-service training or retraining for such personnel." Florida has been quite concerned about these matters for some time, and is taking steps to:

1. improve the quality of care to chronically mentally ill individuals in public health facilities in part through an extensive program of paraprofessional training.
2. provide bold new rehabilitation programs in mental health settings to better prepare individuals to cope in communities in which mental health and support services might be inaccessible or non-existent, and
3. provide college credit training for employees to provide higher quality in-patient service and help prepare them for a time when in-patient services in public facilities become less necessary.

In 1978, the Florida Legislature funded phase I of a five year plan to upgrade the quality of treatment of patients in the State's four mental health hospitals.

In planning the implementation of the five year plan, it became obvious that a sound approach would be to work with the community colleges that already had established programs throughout their respective communities, including offering courses at the four mental health hospitals in their service area.

A statewide mental health committee was appointed to consider all aspects of mental health treatment. A sub-committee was established to consider that part of the five year plan regarding the inservice education of the employees who were involved with direct patient care.

It was decided that the on-going inservice education program for direct patient care employees would be phased out and replaced with a 180 hour, four course certificate program carrying 12 semester hours of credit. Mr. Arthur Slater, a member of this panel, was employed to direct and coordinate the project. He and his staff are writing the curriculum, determining instructional techniques, developing instructional materials, including video tapes. Four student text books are, or have been written, and most of them have been published. A faculty handbook for each course is also being published.

Employees successfully completing the program are issued a certificate and are promoted to UTR Specialists (Unit Treatment Rehabilitation Specialists).

Those employees who were involved in the on-going in-service education program, those who were already in the pipeline, so to speak, will be permitted to complete their program or switch over to the new program. Successful completion of either program will make them eligible for promotion.

Employees who complete either program who would like to continue with their education can apply the credit earned towards meeting the requirements of an Associate degree in Mental Health from the four participating community colleges.

We are hopeful that over the next few years, the Associate degree in Mental Health will be a prerequisite to employment as a UTR Specialist. When that happens, it may be possible to phase out the 180 hour inservice education requirement for continued employment in the Mental Health hospitals.

We have also discussed the need for a similar inservice education program for the supervisors of the UTR Specialists. We have proposed that the State fund the development of another project for this purpose. The proposal has received a favorable first response and is under consideration.

The first panelist to speak will be Dr. Robert Ashburn, who will present an overview of the Unit Treatment and Rehabilitation Training Program. We ask that you hold your questions until all three panelists have made their presentations.

The second panelist to speak will be Dr. Roy Church, who will discuss how the four community colleges are involved in the development and delivery of the Mental Health Training program for the State of Florida.

The third panelist to speak will be Mr. Arthur Slater, who will discuss the designing of the curriculum.

Unit Treatment and Rehabilitation (UTR) Training:

Overview of the Progress

This report provides a description of the UTR Program developed since 1978.

1. Review of Unit Treatment and Rehabilitation Legislative Mandate. In 1978, the Legislature funded Phase I of a five phase plan developed by the Mental Health Program Office to upgrade the quality of residential treatment in the four State mental health treatment hospitals. This improvement was intended to occur by implentation of the "UTR Concept." The 1978 Legislature authorized the establishment of 331 new positions and the upgrading of 1,117 others under the UTR Concept at a cost of approximately two million dollars. Fiscal Year 1978-79 was the first year of UTR implementation at the four State mental health hospitals.

In 1979, the Legislature funded Phase II of the plan: $900,000 for the first year of the 1979-81 biennium and $1,900,000 for the second year (a total of 2.8 million dollars). The funds are to upgrade positions at the four HRS mental health hospitals and continue the UTR Training Program.

A budget has been developed to support Phase III of UTR implementation for the 1981-83 biennium. Approximately 5.9 million dollars has been requested to train 1,400 staff and 336 new positions.

Purpose of Unit Treatment and Reahbilitation. Unit Treatment and Rehabilitation is a system of treatment and rehabilitation that influences hospital staff organization, treatment decision making, and staff supervision and enables all direct treatment and rehabilitation team members to provide quality treatment and therapeutic activities to the patients. This treatment team is multidisciplinary and has the intrinsic flexibility to utilize the individual expertise of the staff assigned to the unit to improve the quality of patient care. Rehabilitation indicates that the treatment and therapeutic activities, or psychosocial skills training, provided on the unit will gradually improve the patients ability to handle social and personal relationships. Ultimately, the goal of the UTR structure is to enable patients to return to and live in the community.

In order for a multidisciplinary team to function effectively, the current direct treatment staff (i.e., psychiatric aide, charge aide, etc.) will require additional mental health care skills. These skills are being taught in the UTR training programs. Upon completion of the UTR training, selected staff will be promoted to the newly created positions of UTR Specialists and UTR Shift Supervisor and will be assigned specific rehabilative treatment responsibilities.

Management and supervisory staff, who are also members of the treatment team, have slightly different responsibilities under the UTR system. Training for these staff members will place emphasis on how to make effective use of the built-in flexibility of the multidisciplinary team approach in providing treatment and how to utilize the more comprehensive range of services that may be offered through the multidisciplinary treatment team.

UTR Treatment Components. Listed below are the UTR training programs:

1. UTR Community College Training
2. UTR Orientation
3. Medication Administration
4. Crisis Intervention and Control
5. Units of Excellence
6. GED Testing and Remedial Education
7. UTR Supervisory Training

UTR Community College Training Project. The "Unit Treatment and Rehabilitation Community College Training Project contract was recently signed between the Department of Health and Rehabilitative Services and Tallahassee Community College (TCC). Developed jointly by the Mental Health Program Office and Tallahassee Community College, who is the responsible agent, the project will develop a 180 hour (4 courses) competency based curriculum. In this four course

curriculum, (Basic Human Service Functions, Human Service Intervention Skills, Group and Team Treatment Skills, and Practicum in Human Service Skills Intervention) the trainees will develop skills identified as essential in proper residential mental health service delivery.

The purpose of the project is to create a content relevant curriculum that will prepare hospital staff to assume UTR Specialists duties; to employ the instructors; purchase classroom equipment, and instruction materials; and to insure that quality instruction is provided in each of the four mental health facilities. Tallahassee Community College will subcontract with area community colleges for the instruction, but will have the responsibility for training 20 instructors to use the developed curriculum materials. It is projected that these instructors will train a total of 450 staff from the four mental health facilities by June, 1980.

2. Overview of the Training Components

No other state that we know of has attempted such a vast restructuring of in-patient mental health service delivery and the subsequent training required. Lacking the luxury of using anothers insight and experience, the Mental Health Program Office staff have been fortunate in having sound advice and support from members of the UTR training committees.

UTR Training Committees. Two committees have been directly involved in providing on-going advice for implementing the UTR project.

1. The "Mental Health Curriculum Committee" is a voluntary group of experts formed from the following:

a. The four mental health facilities.

b. The Florida Mental Health Institute.

c. Florida's community colleges.

d. The Mental Health Program Office.

Committee members have been involved in monitoring the development of the "Unit Treatment and Renabilitation Community College Training."

2. The "Mental Health Hospital Unit Treatment and Rehabilitation Training Committee" was formed at each of the four mental health facilities. The committees are responsible for advising the facility UTR project manager, assisting the hospital staff in arranging training, and providing an open forum for decisions involving the training that has been implemented.

UTR Community College Training Program. This program is a 180 hour competency-based treatment skills training program designed to meet the immediate needs of the State mental health hospitals by providing training for selected staff so that they can acquire specific job skills in 23 identified areas thus, function effectively as a unit

treatment and rehabilitation team member. In addition, this program will facilitate the employment or promotion of qualified personnel into selected UTR position classifications (UTR Supervisor, UTR Shift Supervisor, and UTR Specialist).

Medication Administration Training. This curriculum was developed by a state task force. Employees who are required to administer pre-packaged medication receive training in medication effects and side effects, communicating the importance of the medication to the clients and the family, observing the clients reaction to the medication, developing a facilitative relationship with the clients, maintaining records, maintaining security over medications, and administration of pre-packaged medications. This in-service training is currently being carried out by mental health facility training staff.

Crisis Intervention and Control (CIC). This is a 16 hour course to teach direct patient care staff how to humanely control aggressive patient behavior in a consistent nonreinforcing manner. The Mental Health Program Office staff completed the development of the 28 unit curriculum and started training hospital trainees in the Fall of 1979. Approximately 1,800 direct patient care personnel in the four mental health hospitals are to receive this training. The hospitals' in-service training staffs are responsible for providing an orientation to the UTR structure for all personnel in their facility.

UTR Orientation. This is a four topic area, competency-based, training package which gives an overview of the UTR Organizational Structure, presents the Roles and Functions of the new UTR positions, shows how to develop a Multidisciplinary Treatment Team, and the Treatment Implications for new psychosocial treatment methods under the UTR structure. The 14 hour training package that was developed at FMHI in conjunction with the Mental Health Program Office includes video cassette training aids, the instructors manual, and post assessment materials. Currently, all four state mental health facilities are involved in providing this training and it is projected that 1,500 personnel will have received the complete orientation during 1980-81. (The FMHI is also involved in developing a residency training program to introduce new treatment methods available under the UTR structure.)

Units of Excellence Training: This provides an orientation of the treatment and rehabilitation programs developed at FMHI. These include psychosocial treatment methods and the multidisciplinary team approach applicable under the UTR structure. This program is designed for hospital unit supervisors, managers and the mental health facilities training staff. This 80 hour residency training at FMHI will combine both competency-based classroom instruction and supervised practical experience of how a multidisciplinary treatment team functions. Upon completion of

the training, the supervisory and training personnel will continue to receive consultation from FMHI as UTR training units are established at each mental health facility.

GED/Remedial Education. This is a cooperative project between the Mental Health Program office, the four mental health hospitals, the State Department of Education, and the area County Adult and Community Education centers to both provide remedial adult education and administer the GED to hospital staff. Surveying each of the mental health facilities for adult educational needs has shown that a total of 715 do not have the high school diploma or GED required for promotion into a UTR Specialist position. Further, preliminary data from those staff being trained in the UTR Orientation indicate that adult remedial education in reading and writing skills will be required for many staff to complete the UTR Community College Training. The remedial education and GED testing programs started to operate on October 15, 1980. As UTR Specialists learn new skills, the supervisory staff needs to understand how to effectively utilize these new skills to improve the quality of patient care.

Supervisory Training. One of the major problems in implementing the UTR concept is the proper utilization of the newly trained mental health paraprofessionals. A pilot project was developed and funded at South Florida State

Hospital to address this problem. Proper utilization can be achieved by providing supervisors with (1) knowledge and understanding of the skills that the UTR Specialists and UTR Shift Supervisors have developed through their training, (2) retraining in the personnel supervision and unit management style that is unique to the UTR structure, and (3) a positive approach to implementing the UTR style of treatment delivery on the units. This training project, will be responsible for providing the training; developing the curriculum, including testing, training aids, evaluation and assessment materials; and providing instructor orientation for this UTR supervisory training program.

3. Training Individual Mental Health Facilities Training Program Analysis. Contained in Attachment I, are charts for each hospital outlining (1) the number of staff to be trained in each of the hospitals during the 1980-81 fiscal year, (2) the total number of hours of UTR training, (3) the budget available for UTR training, and (4) the total budget available for each hospital to cover the support resources needed for UTR training such as funds to increase salaries of UTR Specialists, funds to pay temporary staff (OPS) for unit coverage during scheduled training, operating capital outlay for training equipment and expense funds to cover classroom training materials and travel.

Each facility has submitted a detailed budget and action step schedule for the training which has been summarized on the accompanying charts (i.e., Analysis of UTR Training Program).

4. Summary

As evidenced by the foregoing discussion, the Department of Health and Rehabilitative Services is committed to establishing the UTR Concept in Florida's State mental health facilities. The UTR Training Programs as described, are designed to establish a UTR Training "System" that will facilitate the full implementation of the UTR Concept.

The Mental Health Program Office in conjunction with the four state mental health hospitals, the Florida Mental Health Institute, the Department of Education, the community colleges, and the area County adult and community education centers, has developed a UTR Training Plan for 1980-81. The projected impact of the training is as follows: 4,806 people will be involved in one or more of the training components which will require 212,304 hours of classroom instruction at a cost of $1,371,769, from which an initial 531 positions will be upgraded.

Methods to provide a more effective classroom presentation are being investigated. By using micro computer systems with a video disc interface, effective training

techniques could be provided on an individualized basis. This would offer flexibility in releasing hospital staff for training and reduce the need for classroom instruction.

The work has just begun. In the next five years, thousands of staff will receive UTR training offered by the four community colleges. Successful completion of the training could improve Florida's State mental health system to the point that it will be recognized as an exemplary model of delivering in-patient mental health treatment and rehabilitation.

ATTACHMENT I

ANALYSIS OF UTR TRAINING PROGRAM

October 1, 1980

Mental Health Manpower Development Program

UTR TRAINING PROGRAM SUMMARY
October 1, 1980

State Hospital	# Staff to be Trained 80-81	Total # Hours of UTR Training	Budget Available for UTR	Total Budget Available
Florida State Hospital				
1. UTR Orientation	450	6,300	-	-
2. UTR Community College	110[a]	16,200[a]	$37,350[a]	
	29[b]	10,725[b]	4,920[b]	
Total	139	26,925	$42,270	$42,270
3. Units of Excellence Type: Adult	38	3,040	-	$7,781
4. Add/Delete	-	-	-	$62,000
5. Staff Coverage (Temp. Employ. and Overtime)	-	-	-	$226,546
6. Operating Capital Outlay	-	-	-	$3,664
7. Expense	-	-	-	$2,653
8. Medication Administration	225	5,400	-	-
9. Crisis Intervention & Control	362	5,792	-	-
10. GED/Remedial Education	212	Individual Need	-	-
11. Total Title XX				$42,270
Total General Revenue				$302,645
Grand Total				$344,915

[a]New 180-hour Community College curriculum.
[b]Existing Community College curriculum.

State Hospital	# Staff to be Trained 80-81	Total # Hours of UTR Training	Budget Available for UTR	Total Budget Available
G. Pierce Wood Memorial Hospital				
1. UTR Orientation	400	5,600	-	-
2. UTR Community College.	150[a] 24[b]	26,000[a] 10,800[b]	$18,810[a] 2,400[b]	
Total	174	37,800	$21,210	$21,210
3. Units of Excellence Type: Geriatric Admission	20	1,600	$3,100	$3,100
4. Add/Delete	-	-	-	$332.331
5. Staff Coverage (Temp. Employ. and Overtime)	-	-	-	$168,130
6. Operating Capital Outlay	-	-	-	$4,693
7. Expense	-	-	-	$4,100
8. Medication Administration	180	4,320	-	-
9. Crisis Intervention & Control	312	4,992	-	-
10. GED/Remedial Education	180	Individual Need	-	-
11. Total Title XX				$21,210
Total General Revenue				$509,254
Grand Total				$530,464

[a]New 180-hour Community College curriculum.
[b]Existing Community College curriculum.

State Hospital	# Staff to be Trained 80-81	Total # Hours of UTR Training	Budget Available for UTR	Total Budget Available
Northeast Florida State Hospital				
1. UTR Orientation	500	7,000	-	-
2. UTR Community College	125	22,500	$18,810	
	53	30,375	10,125	
Total	178	52,875	$28,935	$28,935
3. Units of Excellence Type: Geriatric Children	38	3,040	$1,804	$1,804
4. Add/Delete	-	-	-	$104,491
5. Staff Coverage (Temp. Employ. and Overtime)	-	-	-	$121,970
6. Operating Capital Outlay	-	-	-	$4,049
7. Expense	-	-	-	$2,686
8. Medication Administration	121	2,904	-	-
9. Crisis Intervention & Control	121	1,936		
10. GED/Remedial Education	150	Individual Need	-	-
11. Total Title XX				$28,935
Total General Revenue				$235,000
Grand Total				$263,935

[a]New 180-hour Community College curriculum.
[b]Existing Community College curriculum.

State Hospital	# Staff to be Trained 80-81	Total # Hours of UTR Training	Budget Available for UTR	Total Budget Available
South Florida State Hospital				
1. UTR Orientation	150	2,100	-	-
2. UTR Community College	150[a]	27,000[a]	$29,610[a]	
	14[b]	-	2,688[b]	
Total	164	27,000	$32,298	$32,298
3. Units of Excellence Type: Adult	22	1,760	$4,545	$4,545
4. Add/Delete	-	-	-	$36,000
5. Staff Coverage (Temp. Employ. and Overtime)	-	-	-	$114,750
5a. UTR Supervisory Training	60	2,160	-	$36,000
6. Operating Capital Outlay	-	-	-	$6,099
7. Expense	-	-	-	$2,763
8. Medication Administration	300	7,200	-	-
9. Crisis Intervention & Control	160	2,560	-	-
10. GED/Remedial Education	150	Individual Need	-	-
11. Total Title XX				$32,298
Total General Revenue				$200,157
Grand Total				$232,455

[a]New 180-hour Community College curriculum.
[b]Existing Community College curriculum.

Community College Involvement in the Development and Delivery of Mental Health Training in Florida

Florida Community Colleges have viewed service to other governmental agencies as part of their mission. Four of the twenty-eight colleges have state mental health hospitals within their service districts. Therefore, when the State Department of Health and Rehabilitative Services (hereafter referred to as HRS) identified the need to upgrade the level of training of psychiatric aides, charge aides and shift supervisors in these hospitals, the community colleges were ready, willing and able to respond effectively. The result has been a model for cooperation between two state agencies.

In the mid 1970's, mental health programs in Florida underwent a major conceptual change as has been described earlier with the inception of the UTR model of treatment. In order to make the changeover from the traditional model to the UTR mode, HRS recognized the need to retrain the aide-level employees at each of the four state mental hospitals. They also recognized that they did not have the resources necessary to provide the training that would be required for the numbers of employees in this level of positions. Therefore, the National Institute of Mental Health was solicited to provide a grant for the development of a training package that could meet the need. The University of South Florida

received the grant and initiated a project, under the direction of Mr. Arthur Slater, to develop a curriculum for training these employees. The project assumed that HRS would not have the resources to deliver the instruction once the curriculum was developed so an alternate delivery system was sought. The project turned to the community colleges because:

1. the instruction would be college level and could become part of a ladder of educational opportunities;
2. community colleges had demonstrated flexibility in delivering quality higher education services to their communities;
3. the cost of instruction at the community college level was relatively low for recipients.

Mr. Slater approached each of the community colleges, along with representatives of the State mental hospitals they served, to organize and deliver such a curriculum. He received an enthusiastic response from the community colleges which resulted in a ten-course human services certificate program. Some of the colleges went even further to develop an A.S. or A.A. Degree program around the certificate.

The curriculum of this certificate program included five human services courses and five essential basic skills or general survey courses. The human services core courses provided students with the requisite theoretical knowledge

and application experiences to function effectively in the UTR roles; while, the general survey courses and essential basic skills courses and essential basic skills courses provided a foundation on which to take full advantage of the core human services courses. The typical certificate program offerings were as follows:

Foundation/Basic Skills Courses

1. English Composition (6 cr. hr.)
2. Introduction to Speech Communication (3 cr. hr.)
3. Health Assessment (3 cr.hr.)
4. General Psychology (3 cr.hr.)

Human Services Core Courses

1. Human Development (3 cr. hr.)
2. Human Services Skills (3 cr. hr.)
3. Effective Interpersonal Relations (3 cr. hr.)
4. Techniques of Intervention (3 cr. hr.)
5. Integrative Seminar (3 cr. hr.)

The blend of foundation courses and specialized human services courses seemed to meet both the needs of the students, most of whom had little post secondary education, and the HRS system which had a well defined training need. The programs were generally well received by the target population and promised to meet the needs of the mental health system even though it would take a number of years to complete.

Each of the community colleges utilized the proposed curriculum suggested by the University of South Florida project in developing the human services certificate program within their own institutional processes. Consequently, the programs were somewhat different at each college while covering the same basic elements. Each college negotiated directly with the mental hospital they served to determine the most effective arrangement for the delivery of the program. Some basic operational configurations, however, were developed. For instance, all four situations involved some release of target employees from work by the hospitals for the training. Most provided for some of the instruction to be provided on the hospital's time and part on the employee's time. Most of the instruction was delivered in the hospital's facilities. Tuition fees were paid by students, Title XX grant funds, waivers by the colleges or some combination of these means. The students were recruited from the target population based on interest and potential and were sold partially on the promise that the UTR concept would be the mental health treatment mode of the future.

Within the above described context, the human services certificate programs appeared, from the community college's standpoint, to be meeting the need for which they were designed. In the spring of 1980, it was apparent that all was not well. HRS had conducted a study which was critical for a variety of reasons, of the human services certificate

program's progress in meeting the UTR training needs. Two of the community college presidents exercised leadership at that point to bring together representatives of all of the parties involved - from HRS to the State Division of Community Colleges to the four mental hospitals and their community colleges. It was quickly apparent that this should have happened much earlier when common understandings could have been formed to insure a program that was sufficiently uniform and coordinated to meet the state-wide needs perceived by HRS. This was the beginning of the development of a common understanding of the needs, the issues involved in meeting those needs, and the development of comprehensive plan to move forward.

The central issue revolved around the fact that the training process engrained in the human services certificate programs was occurring too slowly to meet the mental health system timetable for implementing the UTR program. The system needed a large number of people trained in the UTR mode in a short period of time. This "gearing up" approach led to a major revamping of the original curriculum to best meet the educational needs of the students while complying with the HRS timeline. The effort proceeded two new assumptions: FIRST, that the entire target population would be required to have the UTR training if they were to function

in the new mode; and, SECOND, the training would be provided without cost to the recipients. Armed with the instructional realism gained from implementing the human services certificate program with volunteers from the target population, a clearer understanding of HRS's expectations and new set of assumptions the community colleges began negotiating with HRS and the hospitals to develop and deliver a revamped curriculum.

The outcome of these negotiations between representatives of HRS, the hospitals and the community colleges was a $300,000 Title XX, Manpower Training Grant application for the development of a revamped curriculum package and its delivery to a sizable part of the target population. The community colleges jointly initiated the application with HRS representatives and were perceived to be the most appropriate group to revamp the curriculum and to deliver it in the mental hospitals. In essence, the community colleges provided the educational expertise necessary to move the project forward by enabling a revamping of the curriculum based on the realities of the earlier effort. For example, one of the major educational needs identified earlier was in the essential basic skills of communication. The earlier experience in working with this population enabled the curriculum specialists for the project to develop instructional materials either at a level or in a mode that the largest number of students could successfully handle. The approved grant was awarded for $288,947 on

October 1, 1980. The colleges immediately began the curriculum revamping and delivery of instruction concurrently, again demonstrating flexibility and risk taking to meet an identified need. The grant application itself was submitted to HRS, the approval agency, by one of the four community colleges, Tallahassee Community College, because of its geographical proximity to the HRS headquarters. Tallahassee then sub-contracted with the other three colleges to deliver their part of the contract. While the contracts were drafted jointly by HRS and community college representatives so as to establish a contractual framework acceptable to all parties, they assumed that two agencies of the state could join together to more effectively and efficiently meet an identified need than either could alone. Federal grant sources are used to develop the revamped curriculum package and to pay student tuition for the instructional program offered, while the state pays the rest of the cost by including the community college enrollments generated in the state allocated FTE served by the college and reimbursed by the state. HRS directly funds the arrangements necessary at the hospitals to replace personnel during periods of instruction. In essence, the state pays most of the cost one way or the other; but, by utilizing community colleges it brings proven educational expertise to bear on the training needs of another state agency. Eventually, state funds will provide all of the support to continue the training until the full need is met.

The budget for the project can be quickly understood from a recap of the summary from the grant award as follows:

A.	180-Hour Curriculum Training Costs	$109,800
B.	Pipeline Tuition Costs	15,065
C.	Travel Costs	24,903
D.	Training Equipment Costs	31,899
E.	Other Costs	32,130
F.	Personnel Costs	75,150
		$288,947

The 180-hour program roughly approximates a 4 course, 12 credit hour sequence of human services core courses designed to give the students the practical skills and understandings necessary for the fulfilling their new UTR roles. The colleges are essentially reimbursed for the tuition costs of the students instructed through the sequence. Some provision was also made for those students still completing the earlier certificate program to finish. The travel and equipment costs were sustained because the instruction is delivered at the hospitals which are too far from the community college campuses to utilize the equipment of the colleges. About 26% of the grant was dedicated to revamping the curriculum and developing instructional materials to be used by all of the colleges.

A subsequent part of our presentation will deal with the curriculum. However, several issues of a general nature should be addressed here as follows:

1. Remediation. Because all employees that will be filling the new UTR roles are required to complete college level course offerings, remedial instruction was identified as a problem. The earlier program provided additional courses to develop some of the essential basic skills. To solve this problem, the local school boards have been called on to assist in providing basic skill development opportunities outside of the 180-hour program. Also, the instructional materials have been developed so as to rely as little as possible on reading and writing skills to master the essential understandings necessary to function effectively as UTR Specialists.
2. Attrition. Even with remedial assistance some of the students were projected to be attrited from the sequences. The colleges were not penalized for these students; but were encouraged to make opportunities available for them to start over again in subsequent sequences.
3. Work Schedules. Each mental hospital established a UTR Training Work Plan which proposed the methods that would be used to free students for the 180-hours

of instruction. Because the colleges had no control over this aspect of the project they are held accountable for offering sections of 25 students each and its the mental hospitals responsibility to free the students to participate. It has been a problem for some of the hospitals to provide sufficient replacements for employees projected in the work plans.

Because of these and other similar issues, it is now apparent that it will take longer to train the number of employees needing the instruction than envisioned in the earlier timeline. Issues of this type are dealt with on a continuing basis by two committees structured for the project. One is the project advisory committee which steers the entire project and the other is the curriculum advisory committee group that includes instructors from the field working with the curriculum development specialists. Both of these have provided an effective mechanism for refining the project as issues such as these arise.

DESIGNING THE CURRICULUM

The purpose of this section is to outline the logic and design of the UTR Community College Training curriculum. Included are descriptions of the needs analysis, content analysis, curriculum structure, and formative evaluation.

Needs Analysis

There is much evidence and sentiment that public mental hospitals across the couintry must make important changes for the treatment and welfare of mental patients who have been in institutions for years or who cycle through mental hospitals for shorter visits. Some of this evidence and sentiment is outlined:

1. The Donaldson vs. O'Conner case, a United States Supreme Court case originating in Florida, established the "right to treatment" for residential mental patients in public facilities.

2. Studies in Florida, North Carolina, Alabama, and other states demonstrate that the actual treatment time spent with mental patients in public hospitals is only 1-2 percent of available direct service staff time.

3. The humane consideration of having mental patients involved in psychosocial treatment activities and other normal social activities is considered better than having them in bed or in front of television sets for long periods.

4. Advocacy groups have been quite critical of patient treatment in many public mental hospitals.

5. Since aides are by far the largest group of direct service personnel in public mental hospitals, it is reasonable to assume that many patients could benefit if aides are given basic psychosocial treatment skills and the sanction to use these skills.

Job Skills for Mental Hospital Paraprofessionals

What should be taught? Certainly we cannot turn all psychiatric aides into social workers or psychologists. Furthermore, we can no longer continue the practice of hiring unskilled personnel and giving them patient care responsibility with little or no training.

Mental Health paraprofessionals have shown their ability to perform a wide range of human service tasks, and their beneficial influence on mental patients is well documented in the scientific literature. While the overall evidence concerning the potential competence and use of trained mental health paraprofessionals is compelling, until recently, there has been no manageable outline of what mental health paraprofessionals mnight be trained to do.

In 1979, the Southern Regional Education Board (SREB) published Mental Health/Human Service Worker Activities. The publication describes how 19 mental health/human service task banks were identified, and five were selected, synthesized,

and field validated for human service paraprofessionals. Forty (40) competencies which are performed routinely by mental health/human service paraprofessionals are listed. Each competency is described in a standardized format and indicators of each competency are listed.

A Mental Health Training Committee, mental health administrators, and project staff selected 23 of these 40 competencies (which we prefer to call job skills) to serve as the foundation of a 180 hour curriculum being designed to train public hospital paraprofessionals in Florida. These skills, with some modifications, are listed in Table 1.

TABLE 1

Mental Health Workers Job Skills List

1.0 Clinical Records Skills

- 1.1 Interpreting patient behavior
- 1.2 Service planning
- 1.3 Observing and collecting patient information
- 1.4 Recording patient data
- 1.5 Using recorded data
- 1.6 Patient referral

2.0 Treatment Skills

- 2.1 Physical safety
- 2.2 Explaining treatments
- 2.3 Nurturing skills
- 2.4 Planning and conducting activities for patients
- 2.5 Daily living skills for patients
- 2.6 Interviewing skills
- 2.7 Behavioral treatments
- 2.8 Patient skills development groups

3.0 Co-Worker Skills

3.1 Interactive communication
3.2 Treatment team participation
3.3 Exchanging patient information
3.4 Giving and receiving consultation
3.5 Using supervision
3.6 Self development

Content Analysis

Statement of the problem. Designing job relevant curriculum is a complicated process which must be sensitive to the capabilities of the learners, capabilities of the instructors, sequencing of content, pacing of content, funding constraints, implementation schedules, and so on. The curriculum is being developed within the given constraints of:

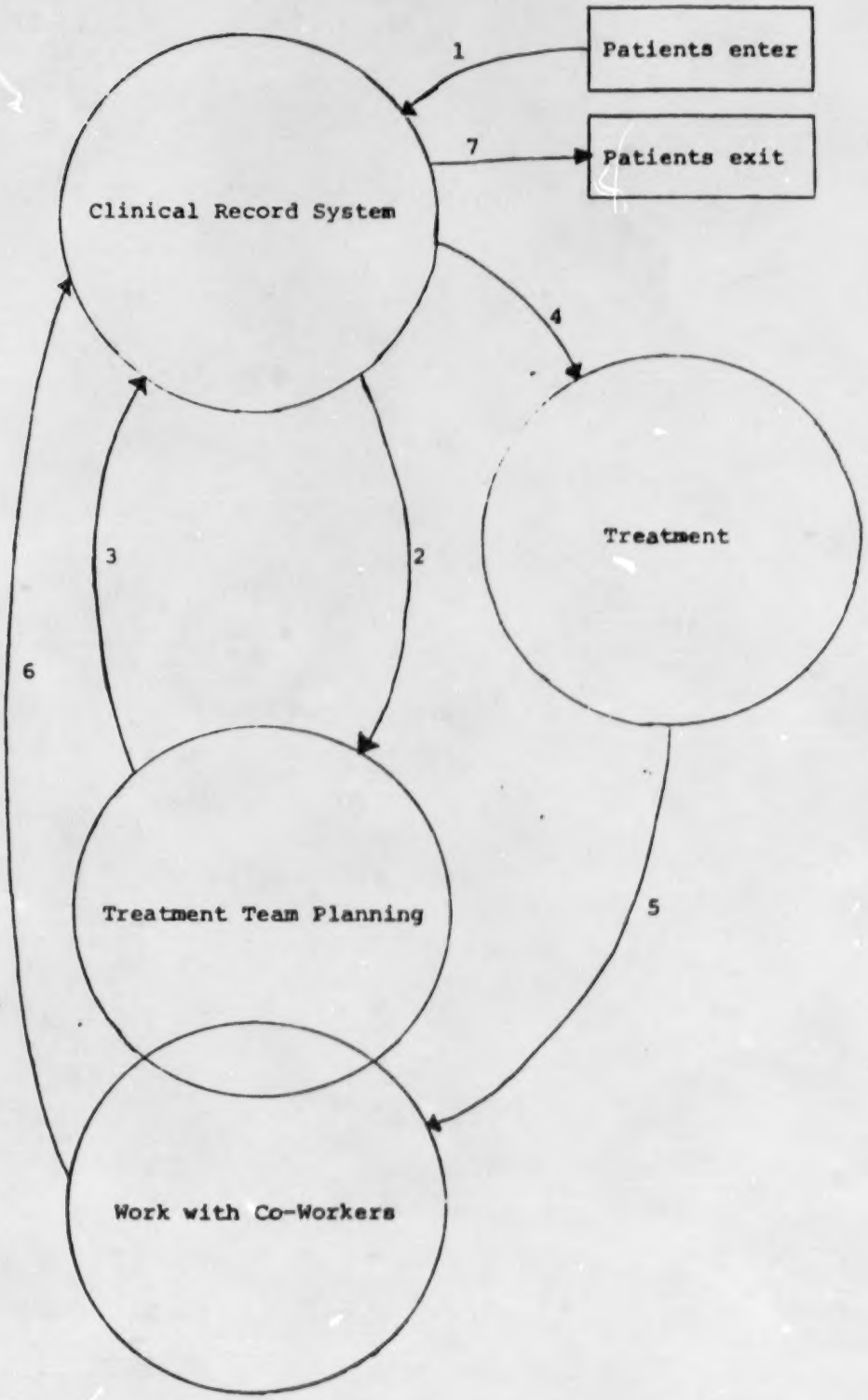
1. finite funding resources and a one year curriculum development time;
2. 180 contact hours (organized into 45 hour courses and 3 hour modules);
3. that most trainees have between a sixth and eighth grade reading and comprehension level;
4. a base of 23, preselected paraprofessional skills; and,
5. being classroom taught with a substantial practicum.

Four functions model. This is a specific framework that includes assumptions the curriculum writers have about paperwork, case planning, treatments, and co-worker relations.

Specifically, first, a patient formally enters the hospital system through official records. Second, a team plans the interventions in the form of a case plan. Third, the case plan is recorded in the clinical record. Fourth, treatment is provided to the patient. Fifth, UTR Specialists give and receive support among team members and co-workers. Sixth, treatment progress is recorded in the clinical record. The two cycles repeat until the patient is discharged from the hospital (see Figure 1). The core of the process is the clinical record system in which individualized treatment plans are developed by team members (the inter loop), and through which the psychosocial and other treatments each patient receives are prescribed (the outer loop). The 23 job skills listed earlier fall within the four functions indicated.

FIGURE 1

Four Functions Model



Curriculum Structure

The overall instructional goal agreed upon by the Advisory Committee is:

> The Unit Treatment and Rehabilitative Specialist will be able to participate in the development of appropriate treatment plans and assist in the implementation of treatment activities for individual patients and groups of patients.

All training is intended to support this goal. The goal might be considered a "terminal skill" which is expected of each trainee as a result of participation in the training experience.

Table 2 outlines the actual content of the 180 hour curriculum. While the content fits the more abstract model described earlier, the following indicates how content areas are sequenced and are assigned instructional time. With such an outline, instructional designers are assigned to draft instructional modules.

TABLE 2

Curriculum Outline

Course 1 - Interpersonal Relationship Skills

Module 1	Overview of Course 1
Module 2	Attending Skills
Module 3	Paraphrasing
Module 4	Open and Closed Questions
Module 5	Reflecting Feelings
Module 6	Genuineness, Warmth, and Respect
Module 7	Summarizing
Module 8	Expressing Yourself

Table 2 cont'd

Module 9	Focusing
Module 10	Giving Directions
Module 11	Interpreting
Module 12	Integrating Your Skills
Module 13	Using Three Types of Interviews
Module 14	Steps in Interviewing
Module 15	Summary and Future Directions

Course 2 - Treatment Methods and Intervention Skills

Module 1	Overview of Course 2
Module 2	Orienting Patients to the Hospital
Module 3	Psychoanalytic, Client-Centered, and Gestalt Therapies
Module 4	Transactional Analysis, Rational-Emotive, and Reality Therapies
Module 5	Behavioral Techniques - Part 1
Module 6	Behavioral Techniques - Part 2
Module 7	Behavioral Techniques - Part 3
Module 8	Peer Management
Module 9	Patient Self-Reliance
Module 10	Working with Patient Groups
Module 11	Resources for Skill Groups
Module 12	Communication and Assertion Skills
Module 13	Assertion and Problem-Solving
Module 14	Activities of Daily Living Skills
Module 15	Summary and Future Directions

Course 3 - Team Treatment and Record Keeping Skills

Module 1	Overview of Course 3
Module 2	Treatment Team Responsibilities
Module 3	Giving and Receiving Consultation
Module 4	Using Supervision
Module 5	Diagnostic Categories - Part 1
Module 6	Diagnostic Categories - Part 2
Module 7	Mental Status Examination
Module 8	Patient Medications
Module 9	Clinical Record Keeping
Module 10	Intake: Data Base, Asset List
Module 11	Individual Treatment Planning
Module 12	Progress Notes
Module 13	Discharge Planning
Module 14	Continuing Education and Self-Development
Module 15	Summary and Future Directions

Course 4 - Human Services Practicum

Modules 1-15 Structured Practicum

Module format. A format for the three hour modules was developed to give the materials a standard appearance. "Facilitator's Manuals" were developed for instructors. Each module in the manuals is outlined as follows:

I. Introduction

1. Time Required (Usually 3 hours).
2. Participant Outcomes (Learning objectives).
3. Concepts (Main concepts are listed).
4. Overview (A narrative orients the instructor to the contents).
5. Definitions (Major concepts are defined).

II. Preparation

1. Print Materials (Reading in books and other printed materials to orient instructors to the content are specified.).
2. Participant's Workbook (Excercises in the student's workbook are listed.).
3. Software (Video tapes, slide presentations and other required A/V.).
4. Equipment (Required A/V equipment is specified.).
5. Preparing for the Lesson (A sequence of steps to prepare instructors to teach.)

III. Implementation (A detailed instructional sequence which lists discussions, A/V material, role plays, applications, reviews, and even breaks in order to achieve the desired student learning. Usually 8-12 sequenced steps per 3 hour module.)

In addition, each module includes an objective referenced test -- test items written directly from the learning objectives.

Workbook. Each student receives a participant's workbook, which contains simple readings and exercises and follows the module format of the facilitator's manual. Typically seven types of materials are contained in the workbook.

1. Discussion (Lists "important words" and the definitions in the context of a narrative discussion.)
2. Try Your Skill (Exercises designed so that a student must "think through" the material.)
3. Workbook Examples (Applications of the learning in example form.)
4. Examples From Your Day (Relates the content to the workplace.)
5. Application (Students plan to relate the content to their work.)
6. Self-Quiz (Helps the students realize what they have learned, or not learned.)
7. Review (Summarizes the module content.)

These workbook materials are intended to help participant's transfer the learning from the classroom to their work. The exercises require no more than 20 percent of the available classroom time, since this content is intended to be experientially oriented.

Formative Evaluation

Curriculum materials were written and sent to four field locations for testing. The Curriculum Review Committee, which consists of instructors and administrators from participating colleges and hospitals, met periodically to review their experiences in using the materials with students. Project staff revised the curriculum materials based on these discussions.

An Advisory Committee, consisting of hospital and college administrators, met periodically to help direct the project and share real and anticipated operational concerns. The Advisory Committee, initially called the Mental Health Training Committee, generated the conception of the project.

Both the Curriculum Review Committee and the Advisory Committee provided information to project staff concerning the adequacy of the draft materials. Most directly, hundreds of trainees were taught early drafts of the content by a dozen or more instructors who met to help project staff revise both content and format.

Instructional Materials

When complete, eight volumes will be published along with supporting audiovisual materials.

Course 1 --

Interpersonal Relationship Skills: Facilitator's Manual

Interpersonal Relationship Skills: Participant's Workbook

Course 2 --

Treatment Methods and Intervention Skills: Facilitator's Manual

Treatment Methods and Intervention Skills: Participant's Workbook

Course 3 --

Team Treatment and Record Keeping Skills: Facilitator's Manual

Team Treatment and Record Keeping Skills: Facilitator's Manual

Team Treatment and Record Keeping Skills: Participant's Workbook

Course 4 --

Human Services Practicum: Practicum Manual

Human Services Practicum: Practicum Guide

CONCLUSION

As stated, the UTR training is being taught by the four community colleges nearest the four mental health hospitals. This training will be required eventually of every person who holds the position of UTR Specialist, UTR Shift Supervisor, or UTR Supervisor.

As of January 1981, 526 people were enrolled in the UTR training program at the four mental health hospitals. If we took a count this month, the numbers would be even higher. There were another 463 people enrolled in a UTR orientation program. This orientation program shows staff who will be working under the UTR System (1) what the overall UTR organizational structure looks like, (2) what part is played by each of the three new UTR positions (UTR Specialist, UTR Shift Supervisor, and UTR Supervisor) and what the responsibilities of each position are, (3) how to develop a team using professionals and paraprofessionals with different training in different fields, and (4) how the new psychosocial treatments methods work and how they are likely to be useful in the UTR structure.

Funds have been committed to continue the program and 500 staff are expected to complete the program next year.

Not counting turnover, there are approximately 3,000 staff in the four state mental health hospitals who will take the training. It is not unrealistic to predict that a third of them will continue their education and complete their Associate degree and some will eventually complete the Bachelor's degree.

There are approximately 500 UTR Supervisors. All will be expected to complete the second 180 hour program especially designed for them. Those who do not have an Associate degree may be required to enroll in the two year mental health program.

All of these persons represent a new source of students for the four community colleges involved in the project. As I mentioned earlier, it is expected that the two year program will become a prerequisite to employment as a UTR Specialist.

We have time for a few questions. Please direct them to the panel member you want to answer.

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